

# BELOVED'S MINISTRIES®

## SPONSORSHIP FORM

“Caring for your life in Christ Jesus name.”



DATE: \_\_\_\_\_

### CONTRIBUTION TO BELOVED'S MINISTRIES®

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I DESIRE TO GIVE MY CONTRIBUTION FOR:

\_\_\_\_\_  
\_\_\_\_\_.

MY SPECIAL PROMISE FOR BELOVED'S MINISTRIES® IN "JESUS NAME":

\_\_\_\_\_  
\_\_\_\_\_.

Signature of the Contributory

BELOVED'S MINISTRIES®

J.J.NAGAR; MOVVA POST; A.P.; PIN-521135, INDIA.

Visit us at: <http://www.belovedsministries.com>

Kindly Send This Form To : [jpkenly4u@yahoo.com](mailto:jpkenly4u@yahoo.com)